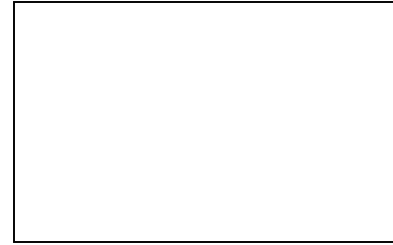


**APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

Corporate Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Corporate Telephone Number \_\_\_\_\_

Total number of shares issued (if corporation) \_\_\_\_\_

Is this a Non Profit Corporation? ☐ YES ☐ NO

If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent \_\_\_\_\_

Name of Proposed Manager \_\_\_\_\_

This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

---

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

---

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

---

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

---

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

---

Last Name\_\_\_\_\_First Name\_\_\_\_\_

Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Spouse Name (indicate N/A if single)\_\_\_\_\_

Spouse Social Security Number\_\_\_\_\_Date of Birth\_\_\_\_\_

Title\_\_\_\_\_Number of Shares\_\_\_\_\_

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☐ No

If yes, give name of corporation and supply organizational chart

---

Indicate tax year with the IRS

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

---

Signature of President/Managing Member

---

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

---

Notary Public Signature & Seal

In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.
--